

Montgomery County Recreation Department

CO-ED INDOOR ULTIMATE FRISBEE LEAGUE

Ages 18+

Mondays (7pm-10pm) & Wednesdays (8pm-10pm)

January 4 - March 30, 2011 (9 weeks + playoffs)

Montgomery County Residents \$25

Non-Residents \$40

Location: Two Locations!

Mondays - Course # 293082

Wisconsin Place Community Center

5311 Friendship Blvd, Chevy Chase, MD 20815

Wednesdays - Course # 293083

Bauer Drive Community Center

14625 Bauer Drive, Rockville, MD 20853

Registration:

Online: Fast, safe & secure at

www.recweb.montgomerycountymd.gov

Fax: Complete the attached registration form & fax with credit card payment to

240-777-6818

In Person: Complete the attached registration form & submit with credit card or check (made out to MCRD) at any MCRD Community Center.

FOR MORE INFORMATION PLEASE CONTACT

DAVID BRANICK

240-777-8087

david.branick@montgomerycountymd.gov

Montgomery County
RECREATION
DEPARTMENT



Registration information & form on the back ➡

Name: _____

Email: _____

Age: _____ Height: _____

Most Recent Team: _____

Experience Level: (Please Circle One)

1. Novice
2. Pick-up Player
3. One Year of Rec League
4. 2 Years or More of Any League
5. Advanced League Player
6. Traveling Club Player
7. Competed Recently at Club Regionals
8. Competed Recently at Club Nationals

Throws: (Please Circle One)

1. Novice
2. Comfortable with Short Throws
3. Good Flick & Backhand
4. Experienced Club Level Handler
5. Experienced Nationals Level Handler

Captains:

This year we will hold a player draft and need volunteers to captain. Are you interested in captaining a team? The draft will be held on Monday, 12/20.

☐ Yes

☐ No

Special Request:

OPTIONAL: For transportation purposes, I would like to be placed on a team with (this is a request, and is not guaranteed):

Speed: (Please Circle One)

1. Very Slow
2. Slow
3. Average
4. Fast
5. One of the Fastest on the Field

Ways to register

- RecWeb online: montgomerycountymd.gov/rec
- STARline: 240-777-8277
- Fax: 240-777-6818 (payment by VISA or MasterCard)
- Mail: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

Payment Information

Full payment is due with registration. Non-county residents pay an additional \$15 per participant per activity. Financial assistance is available to county residents who qualify. Call 240-777-6840 for information. If your check is returned unpaid, your account will be debited electronically for the original

check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Withdrawal Policy

Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated based on the date the request is received. In addition, all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

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Registration Form

☐ Check here if new address/phone/email.
Please print. This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
(if under 18 years)

Mother's Name _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Father's Name _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

*If you are a non-resident, include an additional \$15.00 per participant in the fee for each activity.

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$ _____

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may fax your registration form to 240-777-6818. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____